

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	75231	
O.I.P.E. CLASSIFIER		<i>[Signature]</i>	02-10-00
FORMALITY REVIEW		<i>[Signature]</i>	2-20
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
—	.....	Allowed	I	.....	Interference
=	.....	Canceled	A	.....	Appeal
+	(Through numeral) .....	Restricted	O	.....	Objected

Claim		Date
Final	Original	
1	✓	
2	✓	
3	✓	
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Claim		Date					
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**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here**

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